

## **7 FAM 330**

# **HEALTH AND MEDICAL ISSUES, INTER- AGENCY COORDINATION, AND LISTS OF MEDICAL RESOURCES**

*(CT:CON-455; 04-26-2013)*  
*(Office Of Origin: CA/OCS/L)*

## **7 FAM 331 CONSULAR ROLE**

*(CT:CON-455; 04-26-2013)*

- a. As a consular officer, you are responsible for developing information for the Country Specific Information (see 7 FAM 050 and 7 FAM 333) standard paragraphs about "medical facilities and health information." You should report on emerging communicable disease and other health issues. In addition, every three years, you must develop a list of medical resources (doctors, dentists, hospitals, air ambulance services, and telemedicine services) available in your consular district, with more frequent updates as appropriate.
- b. *Consular responsibility for reporting on these matters are performed in conjunction with post medical personnel, science officers and Department of Agriculture officers.*
- c. *Historically, consular reporting on health matters date back to the early 20th century. For example:*
  - 1911 General Instruction to Consuls No. 11 - Reporting on Prevalence of Anthrax
  - 1911 General Instructions to Consuls No. 20 - Hookworm Infection
  - 1912 Special Instruction Consular No. 114 - Public Water Supplies and Typhoid Fever
  - 1913 General Instruction to Consuls No. 180 - Administration of Maritime Quarantine
  - *1913 General Instruction to Consuls No. 198 - Confidential Reports on Suspected Quarantinable Diseases*
  - *1913 General Instructions to Consuls No. 212 - Health and General Conditions at Consular Posts*
  - *1913 General Instructions to Consuls No. 233 - Health Reports*
  - *1914 General Instructions to Consuls No. 268 - Hospital Reports*

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- *1915 General Instructions to Consuls No. 378 - Druggists, Pharmacists, Dentists, Surgeons and Physicians*
- *1915 General Instructions to Consuls No. 379 - American National Red Cross*

## **7 FAM 332 SOURCES OF HEALTH INFORMATION**

*(CT:CON-455; 04-26-2013)*

Sources that you may draw on for health information as you prepare the draft Country Specific Information "medical facilities and health information" text, or other proposed consular information products such as (Emergency) Messages for U.S. Citizens (see 7 FAM 058) or travel alerts; include:

- (1) The Regional Medical Officer (RMO) or other medical professionals at post;
- (2) Local news reports;
- (3) Your hospital visit experiences;
- (4) Host country health officials;
- (5) Assessments by international organizations, such as:
  - (a) World Health Organization and regional offices such as the Pan American Health Organization; and
  - (b) regional medical associations, such as the South East Asian Nations and comparable organizations.
- (6) The Centers for Disease Control and Prevention (CDC).

## **7 FAM 333 DISSEMINATING HEALTH INFORMATION THROUGH THE CONSULAR INFORMATION PROGRAM**

*(CT:CON-455; 04-26-2013)*

- a. Medical and health information, depending upon its urgency and lifespan, may be presented through the Consular Information Program (see 7 FAM 050) in one or more of the following products:
  - (1) (Emergency) Message for U.S. Citizens;
  - (2) Country Specific Information;
  - (3) Travel Alert;
  - (4) Travel Warning; and/or
  - (5) Fact Sheet.
- b. Consular information program documents may address situations involving

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disease, environmental hazards, and other health related topics. These examples may be useful to you in developing draft language about similar scenarios.

**CA Internet Page Health Related Documents:**

Avian Influenza A and Pandemic Influenza Fact Sheet  
Options During a Pandemic

**CA Web Intranet Health Related Consular Information Program**

**Historical Documents:**

2011 - Japan Earthquake  
2010 - Haiti Earthquake  
2009 - H1N1, Pandemic Influenza, and H5N1  
October 2005 - Avian Flu Fact Sheet  
April 2005 - Avian Flu Fact Sheet  
February 2005 - Avian Flu Fact Sheet  
September 2004 - Avian Flu Fact Sheet  
*January 2004* - Avian Flu Fact Sheet  
2003 - SARS Fact Sheet  
May 2003 - SARS Public Announcement  
April 24 2003 - SARS Public Announcement  
April 11 2003 - SARS Public Announcement  
March 2003 - SARS Public Announcement  
March 2003 - SARS Fact Sheet  
2002 - Responding to Radiological and Nuclear Incidents Fact Sheet  
2002 - Gabon, Congo Ebola Virus Outbreak Public Announcement  
2001 - Chemical and Biological Agents Fact Sheet  
2001 - Foot and Mouth Disease Fact Sheet  
1999 - Anthrax Fact Sheet  
1998 - Mexico, Central America Public Announcement on Environmental Health Hazards  
1998 - Brunei, Indonesia, Malaysia Public Announcement on Environmental Health Hazards  
1995 - Japan Subway Sarin Gas Attack Public Announcement  
1986 - Travel/Health Advisory Chernobyl Nuclear Accident  
1984 - Travel Advisory Bhopal Gas Leak

## **7 FAM 334 COMMUNICABLE DISEASES**

### **7 FAM 334.1 Background**

*(CT:CON-455; 04-26-2013)*

Working with U.S. Department of State regional medical officers (RMO's), you should continue to provide significant reporting on emerging health issues. In recent years, this coordination has proven essential, for example, in connection

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with the outbreaks of the 2009-H1N1, SARS, Anthrax, "Mad Cow," the Ebola virus, and Avian Influenza.

## **7 FAM 334.2 Liaison With The Centers For Disease Control And Prevention (CDC)**

*(CT:CON-455; 04-26-2013)*

- a. CA/OCS/ACS works closely with M/MED and the CDC in providing guidance to posts on outbreaks of communicable diseases in a number of ways:
  - (1) The CA Home Page has links to CDC information on specific topics;
  - (2) When appropriate, information about outbreaks is included in Consular Information Program documents; and
  - (3) The Country Specific Information includes links to the websites for the CDC and the World Health Organization (WHO). These websites provide information on:
    - (a) general travelers' health guidance;
    - (b) vaccination requirements and recommendations;
    - (c) known local outbreaks of disease and prophylactic measures; and
  - (4) Consular Information Program materials link to Travel Notices from the CDC.
- b. 42 U.S.C. 264 (Section 361 of the Public Health Service (PHS) Act) gives the Secretary of Health and Human Services (HHS) responsibility for preventing the introduction, transmission, and spread of communicable diseases from foreign countries into the United States and within the United States and its territories/possessions. This statute is implemented through regulations found at 42 CFR 70 and 42 CFR 71. Under its delegated authority, the Centers for Disease Control and Prevention (CDC) is empowered to detain, medically examine, or conditionally release individuals reasonably believed to be carrying a communicable disease. CDC may also examine, detain, seize, or destroy animals or cargo reasonably believed to be contaminated with a communicable disease.
- c. See the CDC Internet page for legal authorities for the control of communicable diseases. The CDC page also includes information about the CDC Division of Global Migration and Quarantine (DGMQ) and CDC quarantine stations. 7 FAM 1363.2 provides guidance about medical evacuation of U.S. nationals infected with U.S.-designated quarantinable communicable disease.

Executive Order 13375 Quarantinable Communicable Diseases

April 1, 2005 - Executive Order: Amendment to E.O. 13295 Relating to Certain Influenza Viruses and Quarantinable Communicable Diseases;

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Federal Register Notice April 2005

NOTE: Executive Order 13295 of April 4, 2003 revoked Executive Order 12452 of December 22, 1983. Executive Order 12452 revoked Executive Order 9708 of March 26, 1946, Executive Order 10532 of May 28, 1954 and Executive Order 11070 of December 12, 1962.

*See* CDC – HHS Legal Response to SARS

- d. Contacting the CDC: Although CDC's official authority is limited to the diseases listed in Executive Order 13295 and 13375, you may consult with them on any other communicable disease travel-health related issues. The main contact point is:

Duty Officer at the CDC Emergency Operations Center (EOC):

Telephone: 770-488-7100

FAX: 770-488-7107

E-mail: eocreport@cdc.gov

## **7 FAM 334.3 The Inter-Agency Working Group (IWG)**

*(CT:CON-455; 04-26-2013)*

- a. During and after the 2003 SARS epidemic, the Department established the Inter-Agency Working Group (IWG) to coordinate U.S. Government preparedness and response to outbreaks of quarantinable infectious diseases such as SARS and, potentially, H5N1 influenza.
- b. *In April 2004, the Government Accountability Office (GAO) GAO-04-564 released a report entitled "Emerging Infectious Diseases: Asian SARS Outbreak Challenged International and National Responses". The GAO recommended that the Secretaries of Health and Human Services (HHS) and State work with World Health Organization (WHO) and other member states to strengthen WHO's global infectious disease network. GAO is also recommending that the Secretary of HHS complete steps to ensure that the agency can obtain passenger contact information in a timely manner, including, if necessary, the promulgation of specific regulations; and that the Secretary of State work with other relevant agencies to develop procedures for arranging medical evacuations during an airborne infectious disease outbreak. HHS, State, and WHO generally concurred with the report's content and its recommendations.*
- c. *The Office of International Health and Biodefense (OES/IHB) supports U.S. foreign policy goals as they relate to global health diplomacy in a variety of areas, including pandemic preparedness and response, other emerging health issues, and the integration of a public health perspective in other areas, particularly environmental policy. OES/IHB staff members have both functional and regional responsibilities. The office brings together other State Department offices; other U.S. Government agencies; the United Nations and other international and regional organizations; the private sector; nongovernmental*

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*organizations; and foreign governments to promote preparedness and response strategies for global health and security. IHB acts as Department of State liaison with the Department of Health and Human Services and represents State in U.S. Government internal coordination on response to emerging health issues overseas and to global health crises. IHB also serves as a liaison with posts on practical implications of emerging disease outbreaks and on other health issues in countries where they occur, and coordinates with Consular Affairs and MED on health issues that may affect of American citizens and Embassy personnel.*

d. *OES/S/IHB chairs the IWG. Several State Department Bureaus, are active participants. The group also includes the National Security Council, the Homeland Security Council, DGMQ/CDC and other Federal agencies. Subgroups composed of relevant agencies address key lessons learned from the pandemics such as:*

- (1) Medevac protocols;*
- (2) Access to passenger manifests;*
- (3) Contact tracing; and*
- (4) Privacy restrictions.*

## **7 FAM 334.4 Consular Responsibilities**

### **7 FAM 334.4-1 General Actions**

*(CT:CON-455; 04-26-2013)*

a. *Be Aware of Communicable Diseases of issue in your host country:* Executive Order (E.O.) 13295 and 13375 list the official U.S.-designated quarantinable communicable diseases.

- (1) Your host government may require special handling for quarantine of diseases not mentioned in or pursuant to Executive Order 13295, as amended April 1, 2005 by Executive Order 13375 and Section 361(b) of the Public Health Service Act (42 U.S.C. 264(b)).

REVISED CDC LIST OF QUARANTINABLE COMMUNICABLE DISEASES  
“(a) Cholera; Diphtheria; infectious Tuberculosis; Plague; Smallpox; Yellow Fever; and Viral Hemorrhagic Fevers (Lassa, Marburg, Ebola, Crimean-Congo, South American, and others not yet isolated or named).  
“(b) Severe Acute Respiratory Syndrome (SARS), which is a disease associated with fever and signs and symptoms of pneumonia or other respiratory illness, is transmitted from person to person predominantly by the aerosolized or droplet route, and, if spread in the population, would have severe public health consequences.  
“(c) Influenza caused by novel or reemergent influenza viruses that are causing, or have the potential to cause, a pandemic.”

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- (2) If available, obtain your host country's list of quarantinable diseases. The CDC has information for some countries' protocols on the handling of such diseases.
- b. Become familiar with local medical evacuation resources and procedures, (see 7 FAM 360 and 7 FAM 1863.9).
- c. Establish working relationships with local health authorities, your regional medical officer and your post's health unit.
- d. Ensure that post's website includes links to the CDC Travelers' Health web page.

## **7 FAM 334.4-2 Handling Specific Cases**

*(CT:CON-455; 04-26-2013)*

Upon learning of a U.S. citizen or national with a suspected or confirmed communicable disease which is potentially subject to quarantine *in the host country or if they travel to the United States*:

- (1) E-mail your CA/OCS/ACS country officer. Be sure to protect individually identifiable information;
- (2) Copy the CA/OCS/ACS country officer who holds the Regional Health Issues portfolio;
- (3) Provide all the information you have on the U.S. citizen's illness, situation, needs, etc;
- (4) Send daily e-mail reports on the U.S. citizen's situation to CA/OCS/ACS as indicated above; and
- (5) Follow up with cables and entries into the ACS system as needed.
  - (a) Include CASC, CMGT, SHLH, and AMED tags and caption cable for attention of CA/OCS/ACS Health Issues Portfolio;
  - (b) Route to:
    - CA/OCS/ACS/(your region)
    - The geographical *bureau* desk officer *for your country*
    - OES/*IHB*
    - DASHO
    - CDC Atlanta

CDC/DGMQ may restrict the travel of an individual (regardless of citizenship status) if (1) the individual is contagious or likely to be contagious with a communicable disease that would constitute a serious public health threat, (2) is unaware of or likely to be non-compliant with public health recommendations not to travel, or (3) is likely to attempt to travel by commercial aircraft or internationally. In such cases, CDC/DGMQ may request that the Department of



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Homeland Security add the individual to a public health "Do Not Board" (DNB) list which would prevent the individual from boarding any commercial flight entering, leaving or flying within the United States. Placement of a DNB will automatically be replicated as a lookout in the US Customs and Border Protection TECS system, which will prompt a public health referral if the individual attempts to enter the United States through any port of entry, as well as in the Consular Lookout and Support System (CLASS) if the individual is a foreign national. If an individual on this list is identified by consular staff and intends to travel to the United States, CDC/DGMQ should be notified through the CDC's EOC and a visa not be issued until the individual has been medically cleared to travel and the CLASS record has been removed at CDC's request. CDC/DGMQ should additionally be notified regarding any U.S. citizens or legal permanent residents who intend to travel to the United States while infectious with a communicable disease that would constitute a public health threat.

## **7 FAM 335 CONSULAR ASSISTANCE TO PERSONS WHO ARE HIV POSITIVE OR HAVE AIDS**

*(CT:CON-328; 05-11-2010)*

Since the mid 1980's, the Department and posts have received an increasing number of inquiries regarding assistance to citizens who have been diagnosed as being HIV positive or living with AIDS.

- (1) Consular officers and local health authorities should provide a U.S. citizen who is HIV positive or is living with AIDS, like a U.S. citizen with any other medical condition, with all available and appropriate assistance.
- (2) They, their partners, friends, and family members should be treated with dignity and respect.
- (3) Handle these cases with the utmost care, attention, sensitivity, and discretion.

**NOTE:** The CDC Revised List of Quarantinable Communicable Diseases, Executive Order 13375 does not include HIV or AIDS. It is not appropriate to routinely report cases of U.S. citizens who you learn are HIV positive or suffering from AIDS to local authorities.

## **7 FAM 336 PRIVACY AND COMMUNICABLE DISEASES**

*(CT:CON-455; 04-26-2013)*

- a. The Privacy Act's "health or safety" condition of disclosure (see 7 FAM 066) is relevant to cases concerning virulent, infectious diseases. Circumstances affecting the health or safety of an individual must be compelling and of



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imminent urgency before health information about such an individual can be released without that person's expressed written consent; i.e., having obtained a Privacy Act Waiver (PAW) from this individual. The Department considers *infection with or exposure* to serious quarantinable *communicable* diseases, as defined and enumerated by the CDC, to meet this standard in *many* instances. Therefore, information *regarding the infection of* a U.S. citizen / national with or *exposure* to such a disease generally may be released:

- (1) To a person (family members, doctors, hospital officials, local health authorities, etc.) who can reasonably be expected to care for or assist the U.S. citizen; and
  - (2) To protect third parties. Infectious disease-related information may be given both to host country and U.S. authorities charged with safeguarding the "health or safety" of the public at large, and to airlines, cruise ship lines, etc. who have a responsibility for the safe transit of their passengers.
- b. You may release information about the U.S. citizen's illness as provided in 7 FAM 336 paragraph a (1) even if the U.S. citizen/national has recovered or is on his/her way to recovery, or has merely been exposed to a serious communicable disease, i.e., without yet displaying symptoms, provided such release is in the safety and security interests of the individual or other travelers. Privacy Act questions may be directed to CA/OCS/L (Ask-OCS-L-@state.gov).
- c. The Privacy Act requires us to notify individuals in writing whenever we invoke the "health or safety" condition of disclosure with respect to information about them that is otherwise safeguarded by the Act. Therefore, you must advise the Department (CA/OCS/L) (Ask-OCS-L @state.gov):
- (1) Whenever you use this condition of disclosure; and
  - (2) Of any information regarding the individual's last known address so that we may attempt to notify him or her. CA/OCS/ACS has a standard letter that is sent upon notification from the CDC that individuals have been potentially exposed.
- d. Questions about the Privacy Act may be directed to CA/OCS/ACS or to CA/OCS/L at Ask-OCS-L @state.gov, (see 7 FAM 060).

## **7 FAM 337 LISTS OF DOCTORS, HOSPITALS AND AIR AMBULANCE SERVICES**

## **7 FAM 337.1 Consular Responsibilities**

*(CT:CON-120; 12-06-2005)*

An important consular duty is the production and maintenance of the list of doctors, dentists, and other medical professionals, hospitals, and air ambulance services for distribution to U.S. citizens seeking medical care in the host country. The list is particularly important in a country where medical resources are limited.

- (1) You must update this list at least every three years. You may update it more often as appropriate.
- (2) You must post copies on your post's Internet website, where U.S. citizens in need may readily find the information at any time, and provide a written copy to CA/OCS/ACS.
- (3) You should keep track of new developments in physician and hospital referral services including electronic directories and telemedicine discussed in this section.

## **7 FAM 337.2 Developing Post Lists Of Medical Service Providers**

*(CT:CON-328; 05-11-2010)*

- a. Post medical professionals are responsible for certain aspects of emergency preparedness reporting regarding local medical facilities. They may therefore have information that is helpful to the preparation of consular materials, (see 12 FAH-1 Appendix 5 and 16 FAM 133.1). When preparing or updating a post's list of doctors, dentists, hospitals, etc., you should first consult with:
  - (1) the embassy nurse;
  - (2) a nurse practitioner;
  - (3) the Regional Medical Officer (RMO);
  - (4) a panel physician; and
  - (5) other medical experts.
- b. Contact local doctors, dentists, and other medical professionals to ask if they want to be included on the list. For a suggested outreach letter to physicians for gathering this data see 7 FAM Exhibit 336.2-b.
- c. Develop formatted questionnaires to ensure you obtain all required information, (see 7 FAM Exhibit 336.2-c).
- d. Try to include a wide variety of specialties such as internal medicine, pediatrics, psychiatry, etc. and incorporate a list of dentists, physical therapists, etc.
- e. Whenever possible, visit the foreign medical or psychiatric detention facilities to obtain some sense of their capabilities. In particular, investigate whether there is a substantial difference in the level of care available at public and private

hospitals. Your list should explain the differences; for example, "some public hospitals in developing nations require patients to bring their own medical supplies, and sometimes even pillows and bed sheets, surgical items and food."

- f. Include air ambulance firms capable of providing medical evacuations. Use a letter and questionnaire for air ambulance services similar to those you use for medical facilities.

## **7 FAM 337.3 Verify Credentials**

*(CT:CON-328; 05-11-2010)*

You must not include a name on the list unless the professional or facility has supplied proof of licensure (and satisfaction of any other licensing/permit requirements) in the host country. You should:

- (1) Confirm that the individual, facility or service is licensed under local law and in good standing, i.e., the license has not been suspended or revoked; nor that there have been any successful malpractice claims publicized;
- (2) If the host country does not have a system of licensure, contact CA/OCS/ACS for specific guidance;
- (3) Each individual included in the list should affirm in writing that they are currently in good professional standing and are not facing any pending disciplinary proceedings. Posts should keep these letters for the specific time period for which the list is valid (generally three years) and seek re-affirmation from the professional each time the list is updated; and
- (4) Each medical facility included in the list should affirm in writing that it is in good professional standing. Posts should keep these letters for the specific time period for which the list is valid (generally three years) and seek re-affirmation from the facility each time the list is updated.

## **7 FAM 337.4 Formatting and Publishing Your List Of Medical Resources**

### **7 FAM 337.4-1 Identify Authorship**

*(CT:CON-328; 05-11-2010)*

The list should clearly identify:

- (1) Your post (address, fax, telephone and e-mail contact information);
- (2) The consular district covered (cities, islands, counties, etc.); and
- (3) The date it was prepared.

## **7 FAM 337.4-2 Disclaimer**

*(CT:CON-328; 05-11-2010)*

Prominently display the following disclaimer on the first page of the list:

DISCLAIMER: The U.S. Embassy (Consulate) in (City, Country) assumes no responsibility or liability for the professional ability or reputation of, or the quality of services provided by, the medical professionals, medical facilities or air ambulance services whose names appear on the following lists. Inclusion on this list is in no way an endorsement by the Department of State or the U.S. Embassy/Consulate. Names are listed alphabetically, and the order in which they appear has no other significance. The information in the list on professional credentials and areas of expertise are provided directly by the medical professional, medical facility or air ambulance service; the Embassy/Consulate is not in a position to vouch for such information. You may receive additional information about the individuals and facilities on the list by contacting local medical boards and associations (or its equivalent) or local licensing authorities.

## **7 FAM 337.4-3 Other Related Information**

*(CT:CON-328; 05-11-2010)*

- a. List contact information for licensing, regulatory, or other appropriate authorities in the host country.
- b. Include in the introduction of the list of doctors, dentists, air ambulance services, and other medical resources the text of the medical/health paragraph of your current Country Specific Information (see 7 FAM 050).
- c. Always try to provide the full list of physicians and medical professionals in writing or by e-mail, with the disclaimer noted above and the contact information for medical associations, boards and licensing authorities. When providing information orally, in exceptional urgent circumstances, follow-up by providing the written list to the individual by e-mail or fax, or by referring him/her to the list on post's website.
- d. Under no circumstances should you provide a recommendation or make a referral or express a preference for a physician or other medical professional. You may, however, suggest that an individual contact a specific physician or other medical professional directly for patient references if the medical professional is in a position to provide this information.
- e. You should also provide hyperlinks to:
  - (1) Post's Internet home page;
  - (2) The CDC home page; and
  - (3) The CA Internet home page.

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- f. As appropriate, list information on the availability of ambulance services, emergency "911" telephone numbers, etc. in the host country.

## **7 FAM 337.4-4 Format**

*(CT:CON-120; 12-06-2005)*

- a. List names alphabetically.
- b. If the list is lengthy, or your consular district large, display the information by city or other regional division.
- c. Include all the information you obtained through your outreach efforts.
- d. List phone numbers to be called from within the host country and from the United States, including country codes, city codes and the international access codes.

FORMAT FOR MEDICAL SERVICE PROVIDERS  
NAME  
ADDRESS  
TELEPHONE NUMBER  
FAX NUMBER  
E-MAIL ADDRESS  
EDUCATION  
YEARS MEDICAL DEGREES RECEIVED  
LICENSURE  
MEDICAL AREAS OF SPECIALIZATION  
LANGUAGES  
OFFICE HOURS  
AFTER HOURS AVAILABILITY  
EXPERIENCE TREATING ENGLISH SPEAKING or U.S. PATIENTS

- e. See 7 FAM Exhibit 337 for a sample web page.

## **7 FAM 337.5 Reporting Requirement**

*(CT:CON-455; 04-26-2013)*

There is currently a triennial reporting requirement *for posts to prepare* the list of medical resources. At least once every three years, send via record email, using CASC TAGS, *country TAGS* to CA/OCS/ACS and CA/P providing the hyperlink address for your post's *website*.

## **7 FAM 337.6 Complaints**

*(CT:CON-455; 04-26-2013)*

- a. On occasion, you may receive complaints from patients or family members regarding the quality of care, service, cost, or denial of service on the part of a

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person or facility on your list. You should:

- (1) Get as much specific information as possible from the complainant;
  - (2) If possible, ask them to submit the complaint to you in writing;
  - (3) *Encourage the complainant to report their complaint directly to the licensing board as well;*
  - (4) Consider directing complainants to the local medical association, Ministry of Health, or other licensing or oversight agency; and
  - (5) Advise CA/OCS about any complaints.
    - (a) Provide your opinion regarding removal of the name from your list.
    - (b) CA/OCS/ACS will work with CA/OCS/L, L and M/MED to address these concerns and provide guidance.
- b. If the U.S. Department of State Regional Medical Officer (RMO) or other U.S. official has advised Post personnel and dependents or other official U.S. citizens (including U.S. military) to avoid use of a professional or facility:
- (1) Remove the professional or facility from the list;
  - (2) Notify the Department (CA/OCS/ACS) immediately by e-mail to the relevant country officer;
  - (3) Update both your printed and website lists immediately; and
  - (4) Share this information with the general U.S. community via the Consular Information Program tools; i.e., via "Messages for U.S. Citizens" and the warden network as appropriate.
- c. There is no valid reason for including or maintaining on the list the name of any medical professional who has been suspended by a local licensing authority or medical association/board. There is no valid reason for including or maintaining on the list the name of any medical facility that has been suspended by a local licensing authority. If a physician or facility has been disciplined but not suspended, or is facing pending disciplinary proceedings, post should consider all information provided, including the severity of the allegations, to determine if the professional/facility's name should be retained on the list. You should seek advice from CA/OCS/L on these types of situations, which will consult with L/CA and M/MED.
- d. If a post contemplates removing a physician or other health care provider or facility from the list, notify your country officer in CA/OCS/ACS, who will confer with CA/OCS/L as appropriate.
- e. If there are no changes on a list of physicians, other medical professionals, and facilities from one reporting period to another, prepare a new cover sheet, using the current year, so that recipients will not assume that the list is out of date. Keep in mind all the individuals and facilities on this list must be reaffirmed as being in "good standing" as discussed above, before the list can

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be reissued under the new cover sheet.

NOTE: Medical information and resources are viewed by the Department as being an integral part of our NO DOUBLE STANDARD policy. Negative information that potentially affects the health and welfare of U.S. citizens or nationals MUST be disseminated freely within the private community. (See 7 FAM 052.) The first question should always be is there an actual threat. For example, widely-publicized media reports of recalls of food, drug, or other products in the United States that may not be available abroad, generally do not require an (Emergency) Message for U.S. Citizens. In such circumstances, providing a link on a post's web page to CDC or FDA information may be another valid approach.

## **7 FAM 338 ELECTRONIC PHYSICIAN AND HOSPITAL DIRECTORIES**

*(CT:CON-455; 04-26-2013)*

- a. Electronic medical directories published by professional organizations are common in the United States, and a number of foreign countries now have similar services available, including:
  - (1) Physician referral services;
  - (2) Medical directories; and
  - (3) Hospital referral services;

### **EXAMPLES OF ONLINE MEDICAL DIRECTORIES AND/OR PHYSICIAN REFERRAL SERVICES**

United States

AMA Physician Select

National Institutes of Health MEDLINE Directories

Other Countries ...

NHS in England

College of Physicians and Surgeons – Ontario, Canada – CPSOONCA Doctor Search

U.S.A.I.D. Office of American Schools and Hospitals Abroad (ASHA)

- b. *Create* electronic hyperlinks to local medical association doctor referral services or hospital locator services on your post home page. *You must* include the *disclaimer at 7 FAM 336.4-2 with any* electronic hyperlinks *on your home page.*

See for example:

U.S. Embassy Tokyo Medical Resources in Japan

U.S. Embassy Guatemala City Medical Information and Assistance

U.S. Embassy Seoul Health Information



## 7 FAM 339 TELEMEDICINE

(CT:CON-120; 12-06-2005)

- a. Telemedicine electronically transports primary and specialty medical care into even the most remote areas. Persons who live hours from advanced medical care, or even from basic medical services, can directly access high-quality medical expertise without leaving their community. Telemedicine also allows doctors at hospitals abroad to consult with doctors at hospitals in the United States via live video and audio communications. Telemedicine coverage can include:
- (1) Analysis of the patient's MRI, X-ray, CT scan, and other radiology studies;
  - (2) Analysis of pathology slides;
  - (3) Treatment plans recommended by top sub-specialists in the field;
  - (4) Conference call, if needed, between the attending doctor and U.S. specialist; and
  - (5) Bringing a physician located hundreds of miles away into the actual examination or operating room via a live interactive system.

NOTE: Telemedicine doctors in the United States do NOT communicate directly with patients who live overseas. The communication is doctor to doctor.

- b. A number of U.S.-based facilities offer this assistance to patients abroad, such as a consortium of Boston hospitals.
- c. If you find that the host country has similar arrangements with a hospital in the United States or a third country, you can include this information in your lists of medical resources in the home country.

### SAMPLE INTERNATIONAL TELEMEDICINE SITES

American Telemedicine Association  
Telemedicine Research Center and Information Exchange  
National Rural Health Resource Center  
Telehealth Ontario  
The University of Queensland Centre for Online Health  
International Society for Telemedicine  
Yale Office of Telemedicine

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**7 FAM Exhibit 336.2-b**  
**Sample Letter to Medical Service Providers**

*(CT:CON-455; 04-26-2013)*

Post Letterhead

Dear Dr. XXX:

The U.S. (Embassy-Consulate General -Consulate) maintains a list of doctors, dentists, and medical facilities that are available to treat U.S. citizens traveling in (name of country) or those resident here.

In preparing this list, we try to provide U.S. citizens with some basic information about the professional background of the physician, dentist, or other medical professional and medical facilities.

If you would like to be included on this list, kindly complete and return the enclosed questionnaire. An extra questionnaire is included as you may wish to retain a copy for your files.

The list will be published on the U.S. Embassy's website. Our regulations prohibit us from recommending any particular doctor, dentist, or facility. We simply make this information available to interested U.S. citizens without recommendation.

Please understand that return of the questionnaire merely indicates your interest in being included on the list. We cannot guarantee that you will be included. Inclusion of a physician's name on the list is exclusively within the Embassy's discretion, and the Embassy may remove a person from the list at any time, and may decline to provide a reason.

Generally, the lists are revised triennially with interim addendums as needed, to ensure that local physicians are still practicing *in good standing* within the consular district and are willing to treat patients from the United States. Thank you for your time and interest.

Sincerely yours,

Signature of Consular Officer

Typed Name of Consular Officer

Title of Consular Officer

Enclosure: Questionnaire

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**7 FAM EXHIBIT 336.2-c**  
**Sample Questionnaire for Medical Service Providers**

*(CT:CON-455; 04-26-2013)*

**U.S. Embassy**  
**(City, Country)**

**Please complete the information requested in the SPACE provided. if you need additional space, please attach additional document/pages.**

Name:

Address:

Telephone:

*Website:*

Fax:

E-mail Address:

Medical Specialty:

Education (including years of graduation):

Medical License (Specify Authority That Issued License and Attach Copy):

Professional Association Membership; Board Membership:

Languages Spoken:

English Language Spoken (Extensive, Limited, None):

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Office Hours:

After Hours Availability:

I affirm that I am currently in good professional standing and am not facing any pending disciplinary proceedings.

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Signature

Date